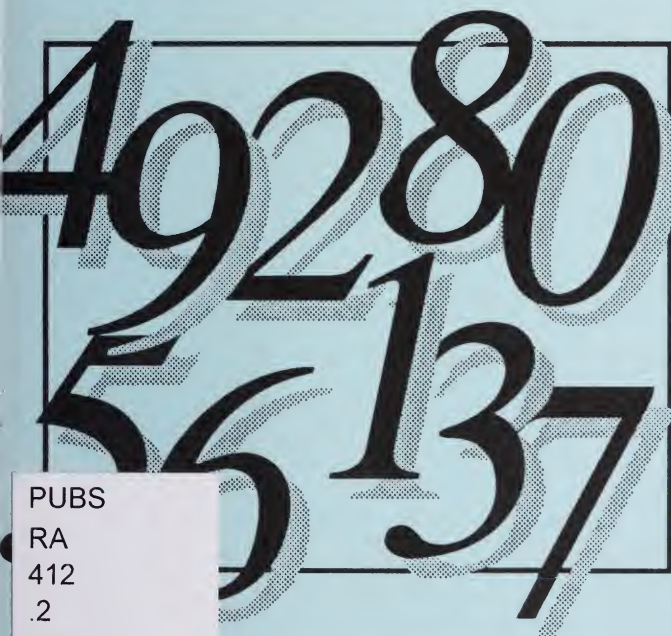




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# *1994 HCFA Statistics*



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U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

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## *Preface*

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This reference booklet provides significant summary information about health expenditures and Health Care Financing Administration (HCFA) programs. The information presented was the most current available at the time of publication. Significant time lags may occur between the end of a data year and aggregation of data for that year.

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The data are organized as follows:

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# Highlights

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## Growth in HCFA programs and health expenditures

### Populations

- Persons enrolled for Medicare coverage increased from 19.5 million in 1967 to a projected 36.9 million in 1994, an 89 percent increase.
- Medicaid recipients increased from about 10 million in calendar year 1967 to a projected 34.6 million in fiscal year 1994, an increase of 246 percent. Dependent children rose from 9.8 million in 1985 to 16.7 million in 1994, an increase of 70 percent.

### Providers/Suppliers

- The number of inpatient hospital facilities decreased from 6,707 in 1975 to 6,473 in 1993. Between 1975 and 1980, the number of hospitals classified as short-stay gradually increased from 6,084 to 6,111. However, by January 1994, the number decreased to 5,378. Total inpatient hospital beds have dropped from 51.5 beds per 1,000 enrolled in 1975 to 30.5 in 1994, a decrease of 41 percent.

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- The total number of Medicare certified beds in short-stay hospitals showed a steady increase from less than 800,000 at the beginning of the program and peaked at 1,025,000 in 1984-86. Since that time, the number has dropped to slightly more than 955,000.
- The number of psychiatric hospitals grew to about 400 by 1976, where it remained until the start of the prospective payment system (PPS) in 1983. Since that time, the number has grown to 735.
- At the end of calendar year 1993, PPS covered 5,231 or 82 percent of all hospitals.
- The number of skilled nursing facilities (SNFs) increased rapidly during the 1960s, decreased during the first half of the 1970s, and has been increasing ever since, reaching 11,443 by the beginning of 1994, an increase of 5.4 percent since 1993.
- After peaking in December 1970, the number of home health agencies (HHAs) remained stable during most of the decade. The number of HHAs accelerated with the passage of the Omnibus Budget Reconciliation Act of 1980, which permitted the certification of proprietary HHAs in States not having licensure laws. By December 1986, there were almost 6,000 participating facilities. Between 1993 and 1994, the number of HHAs has grown from 6,419 to 7,000, an increase of 9.1 percent.
- Since the Clinical Laboratory Improvement Act of 1988, (provision effective late 1991) the number and percentage of providers covered increased dramatically. Between 1991 and 1994, these grew from 90,126 to 165,155, or an increase of 83.2 percent.



## **Expenditures**

- Total HCFA program outlays were \$57.9 billion in 1980, 9.8 percent of the Federal budget . By 1993, total HCFA program outlays were \$206.3 billion, 14.7 percent of the Federal budget.
- Medicare skilled nursing facility benefit payments have increased from \$3.7 billion in 1992 to \$5.0 billion in 1993, an increase of 35 percent.
- Medicare home health agency benefit payments have grown significantly from \$7.1 billion in FY 1992 to \$9.5 billion in FY 1993, an increase of nearly 34 percent.
- Medicare hospice expenditures have also grown steadily, from \$808 million in FY 1992 to \$958 million in 1993, an increase of nearly 19 percent.

## **Utilization of Medicare and Medicaid services**

- Over 57 million persons are projected to receive services paid by Medicare or Medicaid in fiscal year 1994. Medicaid recipients as a percent of the total civilian population have risen from 10.2 percent in 1990 to 13.0 percent in 1993.
- One out of five, or more than 11.9 million persons, will use inpatient hospital services covered by Medicare or Medicaid during 1994. The ratio of Medicare aged users of any type of covered service has grown from 367 per 1,000 enrolled in 1967 to 800 per 1,000 enrolled in 1992.

- Over four out of five, or about 47 million persons, are projected to receive reimbursable physician services under Medicare or Medicaid during 1994.
- About 31 million persons are projected to receive reimbursable outpatient hospital services under Medicare or Medicaid during 1994.
- Over 785,000 persons are projected to receive care in SNFs covered by Medicare during 1994. This represents a 12.0 percent increase since last year.
- Over 1.7 million persons are projected to receive care in nursing facilities, which include SNFs and all other intermediate care facilities other than mentally retarded, covered by Medicaid during 1994.
- Over 3.5 million persons are projected to receive reimbursable HHA visits under Medicare or Medicaid during 1994.
- Over 24 million persons are projected to receive prescribed drugs under Medicaid during 1994.



## *Populations*

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**Information about persons covered  
by Medicare or Medicaid**

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For Medicare, statistics are based on persons enrolled in hospital insurance (HI) and supplementary medical insurance (SMI) for coverage. For Medicaid, recipient counts are used as a surrogate of persons eligible for coverage, as well as for persons utilizing services. Statistics are available by major program categories, by demographic and geographic variables, and as proportions of the U.S. population. Utilization data organized by persons served may be found in the Utilization section.

**Table 1**  
**Medicare enrollment/trends**

	Total persons	Aged persons	Disabled persons
July	In millions		
1966	19.1	19.1	—
1970	20.5	20.5	—
1975	25.0	22.8	2.2
1980	28.5	25.5	3.0
1985	31.1	28.2	2.9
1990	34.2	30.9	3.3
1991	34.9	31.5	3.4
1992	35.6	32.0	3.6
1993	36.3	32.4	3.8
1994 <sup>1</sup>	36.9	32.8	4.1
1995 <sup>1</sup>	37.5	33.1	4.4

<sup>1</sup>Data for 1966-1993 are as of July. Data for 1994 and 1995 represent ever enrolled estimates.

NOTE: Numbers may not add to totals because of rounding.

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Decision Support Division and the Office of the Actuary: Data from the Office of Medicare and Medicaid Cost Estimates.

**Table 2**  
**Medicare enrollment/coverage**

	HI and/or SMI	HI	SMI	HI and SMI	HI only	SMI only
	In millions					
All persons	36.5	36.1	34.8	34.3	1.7	0.4
Aged persons	32.5	32.1	31.2	30.8	1.4	0.4
Disabled persons	4.0	4.0	3.6	3.6	0.4	( <sup>1</sup> )

<sup>1</sup>Number less than 50,000.

NOTE: Data as of March 1994.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Office of Enrollment Statistics.

**Table 3**  
**Medicare enrollment/demographics**

	Total	Male	Female
	In thousands		
All persons	36,527	15,552	20,975
Aged	32,544	13,133	19,412
65-74 years	18,151	8,043	10,107
75-84 years	10,701	4,074	6,628
85 years and over	3,692	1,016	2,676
Disabled	3,983	2,420	1,563
Under 45 years	1,426	897	529
45-54 years	1,031	627	404
55-64 years	1,526	896	630
White	30,662	13,012	17,650
Other races	4,584	1,991	2,593
Unknown	1,281	549	732

NOTES: Data as of March 1994. Numbers may not add to totals because of rounding.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Office of Enrollment Statistics.

**Table 4**  
**Medicare enrollment/end stage renal disease trends**

	HI and/or SMI	HI	SMI
July			
1980	66,741	66,254	64,896
1981	72,807	72,344	70,786
1982	76,117	75,707	73,705
1984	97,780	97,080	94,620
1986	120,060	118,946	116,093
1988	141,300	139,958	135,687
1990	172,078	170,629	163,708
1991	191,773	190,261	182,415
1992	207,356	205,918	196,994
1993	225,859	224,317	214,687

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Decision Support System.

**Table 5**  
**Medicare enrollment/end stage renal disease demographics**

	Number of enrollees
All persons	225,859
Age	
Under 25 years	8,040
25-44 years	51,504
45-64 years	79,360
65 years and over	86,955
Sex	
Male	121,664
Female	104,195
Race	
White	129,218
Other	89,394
Unknown	7,247

NOTE: Data as of July 1993.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Decision Support System.

**Table 6**  
**Medicare/health maintenance organizations (HMOs)**

	Number of Plans	Enrollees in thousands
Total prepaid	200	2,692
HCPPs/GPPPs <sup>1</sup>	62	661
Total HMOs	138	2,031
TEFRA risk	108	1,845
Cost basis	26	164
Demonstrations	4	22

<sup>1</sup>Health care prepayment plans/group practice prepayment plans.

NOTES: Data as of January 1994. Numbers may not add to totals because of rounding.

SOURCE: Health Care Financing Administration, Office of Prepaid Health Care Operations and Oversight.

**Table 7**  
**Medicare enrollment/HCFA region**

	Resident <sup>1</sup> population	Medicare <sup>2</sup> enrollees	Enrollees as percent of population
In thousands			
All regions	<sup>3</sup> 257,904	<sup>3</sup> 35,531	13.8
Boston	13,229	1,988	15.0
New York	26,076	3,725	14.3
Philadelphia	26,602	3,898	14.7
Atlanta	46,902	7,074	15.1
Chicago	47,534	6,687	14.1
Dallas	29,597	3,623	12.2
Kansas City	12,186	1,906	15.6
Denver	8,085	972	12.0
San Francisco	37,708	4,373	11.6
Seattle	9,985	1,285	12.9

<sup>1</sup>The population estimates shown here are based on the July 1, 1993 resident population.

<sup>2</sup>Medicare enrollment data are as of July 1, 1993.

<sup>3</sup>Excludes persons in Puerto Rico, Guam, Virgin Islands, outlying areas, those with unknown State of residence, and those living in foreign countries.

NOTE: Numbers may not add to totals because of rounding.

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Decision Support System. U.S. Bureau of the Census, Population Division, Population Estimates Branch.

**Table 8**  
**Aged population/projected**

	1995	2000	2025	2050	2075	2100
In millions						
65 years and over	34.2	35.4	60.8	74.1	83.7	89.9
75 years and over	15.1	16.8	25.1	39.3	45.9	50.6
85 years and over	3.8	4.4	6.3	14.7	16.9	20.1

SOURCE: Social Security Administration, Office of Programs: Data from the Office of the Actuary.

**Table 9**  
**Life expectancy at age 65/trends**

	Male	Female
Year	In years	
1965	12.9	16.3
1980	14.0	18.4
1985	14.4	18.6
1990	15.0	19.0
1991	15.0	19.0
1992	15.5	19.3
1993 <sup>1</sup>	15.2	19.1
1994 <sup>1</sup>	15.3	19.1

<sup>1</sup>Estimated.

SOURCE: Social Security Administration, Office of Programs: Data from the Office of the Actuary.

**Table 10**  
**Elderly persons living below poverty level/trends**

	Persons in millions	Percent
Year		
1966	5.1	28.5
1970	4.8	24.6
1980	3.9	15.7
1985	3.5	12.6
1990	3.7	12.2
1991	3.8	12.4
1992	4.0	12.9

NOTES: Beginning in 1983, income estimates used for determining poverty level were based on improved measurement of interest income. Income estimates beginning 1987 are based on revised methodology.

SOURCE: U.S. Bureau of the Census: Poverty in the United States: 1992.



**Table 11**  
**Medicaid recipients/trends**

	Fiscal year					
	1975	1980	1985	1993	1994 <sup>1</sup>	1995 <sup>1</sup>
	In millions					
Total <sup>2</sup>	22.0	21.6	21.8	33.0	34.6	36.0
Age 65 years and over	3.6	3.4	3.1	3.9	4.1	4.3
Blind/disabled	2.5	2.9	3.0	5.0	5.6	6.1
Dependent children						
under 21 years of age	9.6	9.3	9.8	16.1	16.7	17.1
Adults in families with						
dependent children	4.5	4.9	5.5	7.4	7.6	7.9
Other Title XIX	1.8	1.5	1.2	0.6	0.6	0.6

<sup>1</sup>Estimated.

<sup>2</sup>Eligibility categories may not add to totals as some recipients are classified in more than one category during the year and due to the exclusion of unknowns.

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Medicaid Statistics and the Office of the Actuary: Data from the Office of Medicare and Medicaid Cost Estimates.

**Table 12**  
**Medicaid recipients/State buy-ins for Medicare<sup>1</sup>**

	1975	1980	1985	1993
	In thousands			
All buy-ins	2,846	2,954	2,670	3,985
Aged	2,483	2,449	2,164	2,934
Disabled	363	504	505	1,051
	Percent of SMI enrollees			
All buy-ins	12.0	10.9	9.0	11.7
Aged	11.4	10.0	8.0	9.6
Disabled	18.7	18.9	19.2	32.6

<sup>1</sup>Recipients for whom the State paid Medicare supplementary medical insurance (SMI) premiums for the month of July. Number of SMI enrollees includes those with unknown State of residence, but excludes those living in foreign countries.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Entitlement Requirements.

**Table 13**  
**Medicaid recipients/demographics**

	Fiscal year 1993	
	Medicaid recipients	Percent distribution
	In millions	
Total recipients	33.4	100.0
Age	33.4	100.0
Under 6 years	8.5	25.5
6-20 years	8.9	26.5
21-64 years	10.4	31.2
65 years and over	4.2	12.5
Unknown	1.5	4.3
Sex	33.4	100.0
Male	11.9	35.7
Female	20.0	59.7
Unknown	1.5	4.6
Race	33.4	100.0
White	15.4	46.1
Other	14.9	44.5
Unknown	3.2	9.5

NOTE: Numbers may not add to totals because of rounding.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy, Office of Program Statistics, Division of Medicaid Statistics.

**Table 14**  
**Medicaid recipients/HCFR region**

	Resident <sup>1</sup> population	Medicaid <sup>2</sup> recipients	Recipients as percent of population
In thousands			
All regions	<sup>3</sup> 257,904	33,432	13.0
Boston	13,229	1,618	12.2
New York	26,076	4,305	16.5
Philadelphia	26,602	2,780	10.5
Atlanta	46,902	6,622	14.1
Chicago	47,534	5,520	11.6
Dallas	29,597	4,026	13.6
Kansas City	12,186	1,306	10.7
Denver	8,085	696	8.6
San Francisco	37,708	5,436	14.4
Seattle	9,985	1,123	11.2

<sup>1</sup>The population estimates shown are based on the July 1, 1993 population.

<sup>2</sup>Medicaid recipient data are as of fiscal year 1993.

<sup>3</sup>Excludes persons in outlying areas, those with unknown State of residence and those living in foreign countries.

NOTE: Numbers may not add to totals because of rounding.

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy, Office of Program Statistics, Division of Medicaid Statistics. U.S. Bureau of the Census, Population Division, Population Estimates Branch.



## *Providers/Suppliers*

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Information about institutions, agencies, or professionals who provide health care services and individuals or organizations who furnish health care equipment or supplies

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These data are distributed by major provider/supplier categories, by geographic region, and by type of program participation. Utilization data organized by type of provider/supplier may be found in the Utilization section.

**Table 15**  
**Inpatient hospitals/trends**

	1975	1980	1993	1994
Total hospitals	6,707	6,780	6,433	6,473
Beds in thousands	1,132	1,152	1,094	1,094
Beds per 1,000 enrollees	51.5	46.9	34.6	30.5
Short-stay	6,084	6,111	5,386	5,378
Beds in thousands	884	988	959	955
Beds per 1,000 enrollees	40.2	40.2	30.4	26.6
Psychiatric	358	408	711	735
Beds in thousands	207	136	96	100
Beds per 1,000 enrollees	9.4	5.5	3.0	2.8
Other long-stay	265	261	336	360
Beds in thousands	42	29	38	40
Beds per 1,000 enrollees	1.9	1.2	1.2	1.1

NOTES: Facility data as of January 1, excluding Christian science. Rates based on number of HI enrollees as of July 1, 1994, excluding foreign countries.

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Decision Support System. Office of Research and Demonstration: Data from the Division of Program Studies.

**Table 16**  
**Medicare assigned claims/HCFR region**

	Net assignment rates		
	1980	1992	1993
All regions	51.5	86.2	89.2
Boston	67.4	94.8	95.9
New York	51.8	87.6	89.0
Philadelphia	61.6	90.3	92.1
Atlanta	52.3	88.3	91.0
Chicago	47.6	84.0	88.3
Dallas	50.3	83.1	86.4
Kansas City	40.4	78.8	83.3
Denver	39.5	73.1	77.9
San Francisco	53.2	87.7	90.7
Seattle	31.3	69.7	76.1

NOTE: Calendar year data.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Reports and Information Management.



**Table 17**  
**Hospitals and units/status under the**  
**prospective payment system (PPS)<sup>1</sup>**

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Total hospitals	6,404
Hospitals under PPS	5,231
Hospitals receiving special consideration:	1,496
Regional referral centers	230
Sole community hospitals	704
Medicare dependent small rural hospitals	562
Non-PPS hospitals	1,173
Categorically exempt:	1,101
Psychiatric	722
All other non short-stay	379
Short-stay hospitals in waiver States or demonstrations	59
Short-stay hospitals in outlying areas	4
Cancer hospitals	9
Total excluded units	2,144
Psychiatric	1,336
Rehabilitation	808

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<sup>1</sup> PPS is a reimbursement system whereby Medicare payment for inpatient operating costs is made at a predetermined specific rate for each discharge rather than on a reasonable-cost basis. All discharges are classified according to a list of diagnosis-related groups.

NOTE: Data as of March 1994.

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Decision Support System; Bureau of Policy Development: Division of Hospital Payment Policy; and the Health Standards and Quality Bureau: Data from the Division of Systems Management and Data Analysis.

**Table 18**  
**Long-term facilities/HCF region**

	Title XVIII and XVIII/XIX SNFs <sup>1</sup>	Nursing Facilities	IMRs <sup>2</sup>
All regions	11,436	4,974	6,836
Boston	878	289	291
New York	871	83	1,148
Philadelphia	1,142	285	467
Atlanta	2,100	359	604
Chicago	2,506	1,208	2,137
Dallas	911	1,388	1,242
Kansas City	649	992	161
Denver	491	146	109
San Francisco	1,418	158	587
Seattle	470	66	90

<sup>1</sup>Skilled nursing facilities.

<sup>2</sup>Institutions for mentally retarded.

NOTE: Data as of March 1994.

SOURCE: Health Care Financing Administration, Health Standards and Quality Bureau, Office of Survey and Certification. Data from the Division of System Management and Data Analysis.

**Table 19**  
**Other Medicare providers and suppliers/trends**

	1975	1980	1993	1994
Home health agencies	2,254	2,858	6,419	7,000
Medicare laboratories	2,994	3,448	148,043 <sup>1</sup>	165,155 <sup>1</sup>
End stage renal disease facilities	—	975	2,321	2,462
Outpatient physical therapy	115	386	1,481	1,686
Portable X-ray	131	210	481	505
Rural health clinics	—	359	947	1,213
Comprehensive outpatient rehabilitation facilities	—	—	217	231
Ambulatory surgical centers	—	—	1,522	1,664
Hospices	—	—	1,208	1,445

<sup>1</sup>Includes providers newly covered under the Clinical Laboratory Improvement (CLIA) Amendment of 1988, provision effective 1992.

NOTES: 1994 Data as of January. 1994 Medicare laboratory data as of May.

SOURCE: Health Care Financing Administration, Health Standards and Quality Bureau, Office of Survey and Certification. Data from the Division of System Management and Data Analysis.

**Table 20**  
**Selected facilities/type of control**

	Short-stay hospitals	Skilled nursing facilities	Home health agencies
Total facilities	5,378	11,436	7,000
	Percent of total		
Nonprofit	57.4	27.3	36.6
Proprietary	13.6	66.7	44.3
Government	29.0	6.0	19.1

NOTES: Data as of January 1994. Skilled nursing facility data as of March 1994. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCES: Health Care Financing Administration, Office of Research and Demonstrations: Data from the Division of Program Studies. Health Standards Quality Bureau, Office of Survey and Certification: Data from the Division of System Management and Data Analysis.

**Table 21**  
**Periodic interim payment (PIP) facilities/trends**

	1980	1985	1991	1992	1993
<b>Hospitals</b>					
Number of PIP	2,276	3,242	1,320	1,293	1,265
Percent of total participating	33.8	48.3	20.3	20.0	19.7
<b>Skilled nursing facilities</b>					
Number of PIP	203	224	901	975	1,131
Percent of total participating	3.9	3.4	9.2	9.1	9.9
<b>Home health agencies</b>					
Number of PIP	481	931	1,295	1,369	1,334
Percent of total participating	16.0	16.0	22.0	21.8	19.1

NOTES: Data from 1985 to date are as of September, 1980 data are as of December. The Omnibus Budget Reconciliation Act of 1986 eliminated PIP for many inpatient hospitals.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Reports and Information Management.

**Table 22**  
**Physicians active in patient care/trends**

	1980		1985		1994	
	Number	Percent	Number	Percent	Number	Percent
Physicians	<sup>1</sup> 361,915	100.0	<sup>1</sup> 431,527	100.0	<sup>2</sup> 673,594	100.0
Specialties						
Medical	105,049	29.0	132,519	30.7	148,668	22.1
Surgical	103,312	28.5	118,955	27.6	162,700	24.2
Other	96,871	26.8	117,109	27.1	257,525	38.2
General Pract.	56,683	15.7	62,944	14.6	<sup>3</sup> 104,701	15.5

<sup>1</sup>Non-federal physicians only.

<sup>2</sup>Includes physicians, doctors of osteopathy (DOs), and limited licensed practitioners (LLPs).

<sup>3</sup>Specialties include general practice, family practice and internal medicine.

SOURCES: For 1980 and 1985: American Medical Association: *Physician Characteristics and Distribution in the U.S.* Chicago: 1992. 1994 data are derived from the HCFA Unique Physician Identification Number (UPIN) Directory.

**Table 23**  
**Physicians/HCFA region**

	Physicians active in patient care	Physicians per 100,000 population
All regions	<sup>1</sup> 673,594	<sup>2</sup> 261
Boston	46,015	348
New York	89,338	<sup>3</sup> 316
Philadelphia	75,504	284
Atlanta	109,335	233
Chicago	120,192	253
Dallas	62,206	210
Kansas City	29,298	240
Denver	18,181	225
San Francisco	99,925	265
Seattle	23,600	236

<sup>1</sup>Excludes physicians in foreign countries.

<sup>2</sup>Excludes 1993 civilian population for Puerto Rico, Guam, the Virgin Islands and the civilian population for foreign countries.

<sup>3</sup>Rate excludes physicians and civilian population for Puerto Rico.

NOTES: Physicians as of January 1994. Civilian population as of July 1, 1993.

SOURCE: HCFA Unique Physician Identification Number (UPIN) Directory.

**Table 24**  
**Inpatient hospitals/HCFA region**

	Short-stay hospitals	Beds per 1,000 enrollees	Long-stay facilities	Beds per 1,000 enrollees
All regions	5,378	26.6	1,095	3.9
Boston	224	22.4	82	6.2
New York	384	26.7	73	6.8
Philadelphia	438	23.7	121	4.8
Atlanta	1,020	26.7	199	2.9
Chicago	944	29.0	151	2.9
Dallas	809	31.5	208	4.7
Kansas City	475	31.0	56	2.8
Denver	295	28.0	47	4.8
San Francisco	569	24.6	136	2.7
Seattle	220	19.8	22	2.3

NOTES: Data as of January 1994. Rates based on number of hospital insurance enrollees as of July 1, 1993.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Decision Support System.





# *Expenditures*

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**Information about spending for health care services by Medicare, Medicaid, and in the Nation as a whole**

49280  
56137

Health care spending at the aggregate levels is distributed by source of funds, types of service, geographic area, and broad beneficiary or eligibility categories. Direct out-of-pocket, other private, and non-HCFA-related expenditures are also covered in this section. Expenditures on a per-unit-of-service level are covered in the Utilization section.

**Table 25**  
**HCFA and total Federal disbursements**

	Fiscal year 1993 in billions
Gross domestic product (current dollars)	\$6,371.0
Total Federal budget <sup>1</sup>	1,408.2
Percent of gross domestic product	22.1
Department of Health and Human Services <sup>1</sup>	581.1
Percent of Federal budget	41.3
HCFA budget	
Medicare benefit payments	142.9
Medicaid medical assistance payments	72.8
HCFA program management	1.9
State and local administration/training	3.0
Other administrative expenses	0.8
Peer review organizations	0.2
Total (unadjusted)	221.6
Offsetting and proprietary receipts	-15.3
Total net of offsetting and proprietary receipts <sup>1</sup>	206.3
Percent of Federal budget	14.7

<sup>1</sup>Includes off-budget entities, net of offsetting receipts.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: Health Care Financing Administration, Office of Budget and Administration: Data from the Division of Budget.

**Table 26**  
**Program outlays/trends**

	Total	Medicare	Medicaid <sup>1</sup>
	In billions		
Fiscal year <sup>2</sup>			
1980	\$57.9	\$33.9	\$24.0
1990	175.9	107.2	68.7
1993	268.7	142.9	125.8
1994 <sup>3</sup>	304.1	158.2	145.9

<sup>1</sup>Medicaid amounts include both Federal and State share of benefit payments and administrative costs.

<sup>2</sup>The reporting period has been changed from calendar to fiscal year.

<sup>3</sup>Estimated.

SOURCE: Health Care Financing Administration, Office of Budget and Administration: Data from the Division of Budget.

**Table 27**  
**Benefit outlays by program**

	1967	1991	1993	1994 <sup>1</sup>
<b>Annually</b>	<b>In billions</b>			
HCFA program outlays	\$5.1	\$202	\$269	\$304
Medicare	3.2	114	143	158
HI	2.5	68	91	101
SMI	0.7	45	52	57
Medicaid <sup>2</sup>	1.9	88	126	146
Federal share	NA	50	73	83
<b>Monthly</b>	<b>In billions</b>			
HCFA program outlays	\$.423	\$16.8	\$22	\$25
Federal Outlays	NA	NA	18	20
Medicare	.264	9.5	12	13
HI	.209	5.7	8	8
SMI	.055	3.8	4	5
Medicaid	.158	7.3	11	12
Federal share	NA	4.2	6	7
<b>Hourly</b>	<b>In millions</b>			
HCFA program outlays	\$.579	\$23.0	\$31	\$35
Federal Outlays	NA	NA	25	28
Medicare	.362	13.0	16	18
HI	.286	7.8	10	12
SMI	.076	5.2	6	6
Medicaid	.217	10.0	14	17
Federal share	NA	5.7	8	9
<b>Minutely</b>	<b>In thousands</b>			
HCFA program outlays	\$10	\$384	\$512	\$579
Federal Outlays	NA	NA	411	459
Medicare	6	217	272	301
HI	5	130	172	193
SMI	1	86	100	108
Medicaid	4	167	240	278
Federal share	NA	95	139	158

<sup>1</sup>Estimated.

<sup>2</sup>Does not include administrative costs incurred by the States.

NOTES: Fiscal year data. Numbers may not add to totals because of rounding.

SOURCE: Health Care Financing Administration, Office of Budget and Administration: Data from the Division of Budget.

**Table 28**  
**Program benefit payments/HCFRA region**

	Medicare <sup>1</sup>	Medicaid	
		Computable <sup>2</sup>	Net adjusted <sup>3</sup>
		In millions	
All regions	\$142,934	\$125,770	\$73,464
Boston	8,420	8,289	4,395
New York	16,906	23,049	12,820
Philadelphia	16,658	12,334	6,752
Atlanta	28,705	19,387	12,652
Chicago	24,682	21,492	12,237
Dallas	14,023	13,612	9,375
Kansas City	6,467	4,837	2,929
Denver	3,207	2,740	1,762
San Francisco	19,815	16,228	8,331
Seattle	4,049	3,802	2,211

<sup>1</sup>Distribution by region is estimated. Excludes residence unknown and residents of foreign countries.

<sup>2</sup>Total medical assistance payments computable for Federal funding.

<sup>3</sup>Net adjusted Federal share. Does not include administrative expenditures.

NOTES: Data as of fiscal year 1993. Numbers may not add to totals because of rounding.

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Decision Support System; Office of Budget and Administration: Data from the Division of Budget; and the Medicaid Bureau: Data from the Division of Financial Management.

**Table 29**  
**Medicare/trust fund projections**

	Fiscal year		
	1993	1994 <sup>1</sup>	1995 <sup>1</sup>
	In billions		
HI benefit payments <sup>2</sup>	\$90.5	\$101.4	\$110.8
Aged	80.3	89.7	97.6
Disabled	10.2	11.7	13.3
SMI benefit payments	52.4	56.8	64.4
Aged	45.7	49.9	56.4
Disabled	6.7	6.8	7.9

<sup>1</sup>Estimated.

<sup>2</sup>Excludes peer review organization (PRO) expenditures.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: Health Care Financing Administration, Office of Budget and Administration: Data from the Division of Budget.

**Table 30**  
**Medicare/type of benefit**

	Fiscal year 1993 benefit payments in millions <sup>1</sup>	Percent distribution
Total HI <sup>2</sup>	\$90,535	100.0
Inpatient hospital	75,021	82.9
Skilled nursing facility	5,027	5.6
Home health agency	9,529	10.5
Hospice	958	1.1
Total SMI	52,398	100.0
Physician/other suppliers	33,800	64.5
Outpatient hospital	11,916	22.7
Home health agency	101	0.2
Group practice prepayment	4,550	8.7
Independent laboratory	2,031	3.9

<sup>1</sup>Includes the effect of regulatory items and recent legislation but not proposed law.

<sup>2</sup>Excludes peer review organization (PRO) expenditures.

NOTES: Numbers may not add to totals because of rounding. Benefits by type of service are estimated and subject to change.

SOURCE: Health Care Financing Administration, Office of the Budget and Administration: Data from the Division of Budget.

**Table 31**  
**Medicaid/type of service**

	Fiscal year	
	1992	1993
	In billions	
Total vendor payments	\$90.8	\$101.7
	Percent of total	
Inpatient services	28.3	27.4
General hospitals	25.9	25.3
Mental hospitals	2.4	2.1
Nursing facility services <sup>1</sup>	25.9	25.0
Intermediate care facility (MR) services <sup>2</sup>	9.4	8.7
Physician services	6.7	6.8
Dental services	0.9	0.9
Other practitioner services	0.6	0.9
Outpatient hospital services	5.8	6.1
Clinic services	3.1	3.4
Laboratory and radiological services	1.1	1.1
Home health services	5.4	5.5
Prescribed drugs	7.4	7.8
Family planning services	0.6	0.5
Early and periodic screening	0.6	0.8
Rural health clinic services	0.1	0.2
Other care	4.0	4.7

<sup>1</sup>Nursing facilities include: SNFs and all other categories for Intermediate Care Facilities (ICF), other than "MR".

<sup>2</sup>"MR" indicates mentally retarded.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy, Office of Program Statistics, Division of Medicaid Statistics.



**Table 32**  
**Medicaid/payments by eligibility status**

	Fiscal year 1993 vendor payments	Percent distribution
	In millions	
Total	\$101,709	100.0
Age 65 years and over	31,554	31.0
Blind/disabled	38,655	38.0
Dependent children		
under 21 years of age	16,504	16.2
Adults in families with		
dependent children	13,605	13.4
Other Title XIX	1,192	1.2

NOTE: Numbers may not add to totals due to the exclusion of unknowns and because of rounding.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Medicaid Statistics.

**Table 33**  
**National health care/trends**

	Calendar year		
	1965	1980	1991 <sup>1</sup>
National total in billions	\$41.6	\$250.1	\$751.8
Percent of GDP <sup>2</sup>	5.9	9.2	13.2
Per capita amount	\$204	\$1,064	\$2,868
Source of funds	Percent of total		
Private	75.3	58.0	56.1
Public	24.7	42.0	43.9
Federal	11.6	28.8	29.6
State/local	13.2	13.3	14.2

<sup>1</sup>HCFA Review, Winter 1992, National Health Expenditures, 1991

<sup>2</sup>GDP is gross domestic product.

NOTE: Data not updated from prior publication. Staff diverted to National Health Care Reform.

SOURCE: Health Care Financing Administration, Office of the Actuary: Data from the Office of National Health Statistics.

**Table 34**  
**National health care/type of expenditure**

	National total in billions	Per capita amount	Private as a percent of total	Public
Total	\$751.8	\$2,868	56.1	43.9
Health services and supplies	728.6	2,779	56.6	43.4
Personal health care	660.2	2,518	57.1	42.9
Hospital care	288.6	1,101	43.7	56.3
Physicians' services	142.0	542	65.1	34.9
Nursing home care	59.9	228	46.1	53.9
Other personal care	169.8	648	77.0	23.0
Other services and supplies	68.4	261	52.2	47.8
Research and construction	23.1	88	39.4	60.6

NOTE: Data are as of calendar year 1991. Data not updated from prior publication. Staff diverted to National Health Care Reform.

SOURCE: Health Care Financing Administration, Office of the Actuary: Data from the Office of National Health Statistics.

**Table 35**  
**Personal health care/payment source**

	Calendar year		
	1970	1980	1991
	In billions		
Total	\$64.9	\$219.4	\$660.2
	Percent		
Total	100.0	100.0	100.0
Private	65.5	60.3	57.2
Out-of-pocket	39.5	27.1	21.9
Other private	26.0	33.2	35.3
Public	34.6	39.7	42.9
Federal	22.6	28.9	30.9
State and Local	12.0	10.8	12.0

NOTE: Data not updated from prior publication. Staff diverted to National Health Care Reform.

SOURCE: Health Care Financing Administration, Office of the Actuary: Data from the Office of National Health Statistics.

# Utilization

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Information about the use of health care services

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Utilization information is organized by persons receiving services and alternately by services rendered. Measures of health care usage include: persons served, units of service (e.g., discharges, days of care, etc.), and dimensions of the services rendered (e.g., average length of stay, charge per person or per unit of service). These utilization measures are aggregated by program coverage categories, provider characteristics, type of service, and demographic and geographic variables.

**Table 36**  
**Medicare/short-stay hospital utilization**

	1990	1992	1993 <sup>1</sup>
Discharges <sup>2</sup>			
Total in millions <sup>3</sup>	10.5	11.1	11.0
Rate per 1,000 enrollees	313	319	309
Days of care			
Total in millions	94	95	89
Rate per 1,000 enrollees	2,805	2,711	2,512
Average length of stay per discharge	9.0	8.5	8.1
Total charges per day	\$1,060	\$1,385	\$1,544

<sup>1</sup>Data for 1993 should be considered preliminary.

<sup>2</sup>Includes admissions and transfers to excluded units within PPS hospitals.

<sup>3</sup>The population base excludes HI enrollees residing in foreign countries.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Decision Support System.

**Table 37**  
**Medicare long-term care/trends**

Calendar year	Skilled nursing facilities		Home health agencies	
	Persons served in thousands	Served per 1,000 enrollees	Persons served in thousands	Served per 1,000 enrollees
1982	252	9	1,172	40
1985	315	10	1,576	51
1986	304	10	1,601	50
1987	293	9	1,575	49
1988	384	12	1,613	49
1989	<sup>1</sup> 636	<sup>1</sup> 19	1,721	51
1990	638	19	1,978	58
1991	670	19	2,255	65
1992	779	22	2,504	71

<sup>1</sup>Increased utilization coincident with changes enacted under the Medicare Catastrophic Coverage Act of 1988.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Decision Support System.

**Table 38**  
**Medicare average length of stay/trends**

	Fiscal year					
	1984	1989	1990	1991	1992	1993
All short-stay hospitals	9.1	8.9	9.0	8.7	8.5	8.1
PPS hospitals <sup>1</sup>	8.0	<sup>2</sup> 8.5	8.9	8.7	8.5	8.1
Excluded units	18.0	19.7	19.5	18.7	18.0	17.2

<sup>1</sup>Bills for stays that overlap a hospital's transition into the Prospective Payment System (PPS) are aggregated and included in PPS. Average length of stay may differ from that based on that portion of stays actually covered by PPS.

<sup>2</sup>Includes pre-PPS experience, hospitals in waiver States, cancer hospitals, PPS excluded units, demonstration hospitals, and hospitals in outlying areas.

NOTES: Fiscal year data. Average length of stay is shown in days. For all Short-stay and PPS hospitals, data are based on a 20-percent sample of Medicare HI enrollees (20-percent MEDPAR file for 1984). Data for 1990 through 1993 are based on 100-percent MEDPAR. Data may differ from other sources or from the same source with a different update cycle.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Decision Support System.

**Table 39**  
**Medicare persons served/trends**

	Calendar year				
	1967	1975	1980	1985	1992
Aged persons served per 1,000 enrollees					
HI and/or SMI	367	528	638	722	803
HI	203	221	240	219	215
SMI	365	536	652	739	826
Disabled persons served per 1,000 enrollees					
HI and/or SMI	—	450	594	669	739
HI	—	219	246	228	212
SMI	—	471	634	715	807

NOTES: Data for 1992 exclude beneficiaries in foreign countries. Persons served are those for whom Medicare Trust Fund payments were made. Based on July 1, enrollment. Rates may differ from estimates using risk-based enrollment.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Decision Support System.

**Table 40**  
**Medicare persons served/projections**

		Fiscal year				
		1993	1994	1995	1996	1997
		In millions				
HI						
	Aged					
	Enrollees	31.9	32.4	32.7	33.1	33.3
	Persons served	6.9	7.0	7.2	7.3	7.4
	Disabled					
	Enrollees	3.8	4.1	4.4	4.7	5.0
	Persons served	0.8	0.9	0.9	1.0	1.1
SMI						
	Aged					
	Enrollees	31.0	31.5	31.9	32.2	32.4
	Persons served	26.0	26.8	27.5	28.1	28.6
	Disabled					
	Enrollees	3.4	3.6	3.9	4.1	4.4
	Persons served	2.8	3.0	3.3	3.5	3.8

NOTE: Enrollment represents actuarial estimates of average monthly enrollment during the fiscal year.

SOURCE: Health Care Financing Administration, Office of the Actuary: Data from the Office of Medicare and Medicaid Cost Estimates.



**Table 41**  
**Medicare persons served/HCFA region**

	Aged persons served in thousands	Served per 1,000 enrollees	Disabled persons served in thousands	Served per 1,000 enrollees
All regions <sup>1</sup>	25,484	803	2,626	739
Boston	1,482	834	133	760
New York	2,961	800	300	690
Philadelphia	2,947	850	277	765
Atlanta	5,062	828	606	770
Chicago	4,890	824	482	742
Dallas	2,573	815	278	734
Kansas City	1,434	834	125	758
Denver	665	778	62	681
San Francisco	2,615	677	280	709
Seattle	845	739	80	708

<sup>1</sup>Excludes residents of foreign countries.

NOTES: Data as of calendar year 1992 for persons served under HI and/or SMI. Based on utilization for fee-for-service and excludes utilization under alternative payment systems such as health maintenance organizations. Numbers may not add to totals because of rounding.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Decision Support System.



**Table 42**  
**Medicare/end stage renal disease (ESRD)**

	Calendar year	
	1992	1993 <sup>1</sup>
Total enrollees <sup>2</sup>	207,356	225,859
Dialysis patients <sup>3</sup>	157,069	171,479
Outpatient	128,988	140,680
Home	28,081	30,799
Transplants performed <sup>4</sup>	10,115	10,934
Living donor	2,391	2,631
Cadaveric donor	7,579	8,106
Living Unrelated	145	197
Average dialysis payment rate		
Hospital-based facilities	\$130	\$130
Freestanding facilities	\$126	\$126

<sup>1</sup>Preliminary.

<sup>2</sup>Medicare ESRD enrollees as of July 1.

<sup>3</sup>Includes Medicare and non-Medicare patients receiving dialysis as of December 31.

<sup>4</sup>Includes kidney transplants for Medicare and non-Medicare patients.

**SOURCES:** Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Decision Support System and the Bureau of Policy Development: Data from the Division of Special Payment Programs.

**Table 43**  
**Medicaid/type of service**

	Fiscal year 1993 Medicaid recipients In thousands
Total	33,432
Inpatient services	
General hospitals	5,894
Mental hospitals	75
Nursing facility services <sup>1</sup>	1,610
Intermediate care facility (MR) services <sup>2</sup>	149
Physician services	23,746
Dental services	6,174
Other practitioner services	5,229
Outpatient hospital services	16,436
Clinic services	4,839
Laboratory and radiological services	12,970
Home health services	1,067
Prescribed drugs	23,901
Family planning services	2,538
Early and periodic screening	5,945
Rural health clinic services	975
Other care	8,114

<sup>1</sup>Nursing facilities include: SNFs and all categories of ICF, other than "MR".

<sup>2</sup>"MR" indicates mentally retarded.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy, Office of Program Statistics, Division of Medicaid Statistics.

**Table 44**  
**Medicaid/units of service**

	Fiscal year 1993 units of service
	In thousands
General hospital	
Total discharges	5,530
Recipients discharged	4,050
Total days of care	31,095
Nursing facility	
Total days of care	422,965
Intermediate care facility/mentally retarded	
Total days of care	44,952
Physician visits	147,348
Rural health clinic visits	4,388
Home health service visits	109,078
Drug prescriptions	341,611

NOTES: Based on reporting States and the District of Columbia (Data are not reported for Arizona and Puerto Rico). Nursing facilities include: SNFs and all categories of ICF, other than MR.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy, Office of Program Statistics, Division of Medicaid Statistics.

## *Administrative/Operating*

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**Information on activities and services related to oversight of the day-to-day operations of HCFA programs**

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Included are data on Medicare contractors, contractor activities and performance, HCFA and State agency administrative costs, quality control, and summaries of the operation of the Medicare trust funds.

**Table 45**  
**Medicare administrative expenses/trends**

	Administrative expenses	
	Amount in millions	As a percent of benefit payments
<b>HI Trust Fund</b>		
1970	\$149	3.1
1975	259	2.5
1980	497	2.1
1985	813	1.7
1990	774	1.2
1991	934	1.4
1992	1,191	1.5
1993	866	1.0
<b>SMI Trust Fund</b>		
1970	217	11.0
1975	405	10.8
1980	593	5.8
1985	922	4.2
1990	1,524	3.7
1991	1,505	3.3
1992	1,661	3.4
1993	1,845	3.5

NOTE: Fiscal year data.

SOURCE: Health Care Financing Administration, Office of the Actuary: Data from the Office of Medicare and Medicaid Cost Estimates.

**Table 46**  
**Medicare/contractors**

	Intermediaries	Carriers
Blue Cross/Blue Shield	42	24
Other	5	8

NOTES: Data as of January 1994. Reference to intermediaries as Part A has been dropped in recognition of the fact that intermediaries also service Part B institutional bills as well as Part A claims.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Acquisitions and Contracts.

**Table 47**  
**Medicare/appeals**

	Intermediary reconsiderations	Carrier reviews
Number processed	34,214	4,996,756
Percent reversal rate <sup>1</sup>	43.0	71.5

<sup>1</sup>Excludes withdrawals and dismissals.

NOTE: Data for fiscal year 1993.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Reports and Analysis.

**Table 48**  
**Medicare/claims processing bottom line unit costs**

	Unit cost per claim <sup>1</sup>			
	1975	1980	1992 <sup>2</sup>	1993
Intermediaries	\$3.84	\$2.96	\$2.80	\$2.61
Carriers	2.90	2.33	1.71	1.60

<sup>1</sup>Effective 1992, HCFA started including all functions in determining the "bottom line" unit costs for funding intermediaries and carriers.

<sup>2</sup>1992 data have been recalculated to reflect the "bottom line" unit costs.

NOTE: Fiscal year data.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Financial Management.

**Table 49**  
**Medicare/claims processing**

	Intermediaries	Carriers
Claims processed in millions	109.6	579.2
Total costs in millions	\$484.6	\$1,059.4
Claims processing costs in millions	\$177.2	\$587.3
Claims processing unit costs	\$1.50	\$.96
Range		
High	\$1.75	\$1.00
Low	\$1.16	\$.85

NOTE: Data for fiscal year 1993.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Financial Management.

**Table 50**  
**Medicare/claims received**

	Claims received
Intermediary claims received in thousands	112,912
	Percent of total
Inpatient hospital	11.1
Outpatient hospital	45.5
Home health agency	12.3
Skilled nursing facility	2.0
Other	29.1
Carrier claims received in thousands	583,863
	Percent of total
Assigned	90.1
Unassigned	9.9

NOTE: Data for calendar year 1993.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Reports and Information Management.

**Table 51**  
**Medicare/charge reductions**

	Assigned	Unassigned
Claims approved		
Number in millions	460.8	51.1
Percent reduced	188.8	186.5
Total covered charges		
Amount in millions	\$76,186	\$4,267
Percent reduced	42.8	16.5
Amount reduced per claim	\$70.75	\$13.84

NOTES: Data for calendar year 1993. As a result of report changes effective April 1, 1992, charge reductions include: reasonable charge, medical necessity and global fee/rebundling reductions.

<sup>1</sup>Figure may be slightly overstated due to the possibility of a claim being counted more than once because more than one type of reduction is applied.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Reports and Information Management.



**Table 52**  
**Medicaid/administration**

	Fiscal year	
	1992	1993 <sup>1</sup>
	In thousands	
Total payments computable for Federal funding	\$4,283,189	\$4,831,480
Federal share of current expenditures:		
Family planning	12,042	12,840
Design, development or installation of MMIS <sup>2</sup>	22,700	30,493
Skilled professional medical personnel	123,064	128,833
Operation of an approved MMIS <sup>2</sup>	441,236	491,636
Other financial participation	1,739,662	1,976,299
Mechanized systems not approved under MMIS <sup>2</sup>	42,209	50,736
Total administration	2,380,913	2,690,837
Net adjusted Federal share <sup>3</sup>	2,364,867	2,681,376

<sup>1</sup>Data as of April, 1994. State reported expenditures. Net adjusted Federal share includes Health Care Financing Administration (HCFA) adjustments. Excludes expenditures for survey and certification and fraud control unit activities.

<sup>2</sup>Medicaid Management Information System.

<sup>3</sup>Includes Federal share of current expenditures plus State reported and HCFA adjustments.

SOURCE: Health Care Financing Administration, Medicaid Bureau: Data from the Division of Financial Management.

**Table 53**  
**Quality control/Medicare Part B carriers**

	Average carrier error rate				
	1977	1985	1990 <sup>1</sup>	1992 <sup>2</sup>	1993
Occurrence <sup>3</sup>	8.7	6.4	6.1	4.2	3.2
Assigned	8.3	5.7	—	—	—
Unassigned	9.2	7.7	—	—	—
High	—	—	8.7	—	—
Medium	—	—	8.0	—	—
Low	—	—	5.5	—	—
EMC	—	—	—	3.0	2.1
Paper	—	—	—	5.2	4.8
Payment/deductible <sup>4</sup>	1.9	1.8	1.2	0.8	0.6
Assigned	1.8	1.7	—	—	—
Unassigned	2.0	1.8	—	—	—
High	—	—	1.1	—	—
Medium	—	—	1.4	—	—
Low	—	—	1.2	—	—
EMC	—	—	—	0.6	0.4
Paper	—	—	—	1.0	0.8

<sup>1</sup>As of July 1, 1989, under the revised Part B Quality Assurance System, the assigned and unassigned divisions were eliminated. The sample was divided into three groups using the amount of submitted charges (high, medium, and low). High-medium-low were calculated only between 1990 and 1991.

<sup>2</sup>As of January 1, 1992, HCFA began calculating error rates for electronic (EMC) and hard copy (paper) claims.

<sup>3</sup>Claims processing errors per 100 line items.

<sup>4</sup>Dollar error per \$100 of submitted charges without nonreview penalty.

NOTE: Calendar year data.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Quality Programs.

**Table 54**  
**Quality control/Medicaid**

Fiscal year	Eligibility national average error rate <sup>1</sup> in percent of dollars
1985	2.7
1986	2.5
1987	2.3
1988	2.2
1989	2.0
1990	2.0
1991	1.9
1992	1.9
1993	1.9

<sup>1</sup>Excludes Supplemental Security Income determinations.

SOURCE: Health Care Financing Administration, Medicaid Bureau: Data from the Division of Program Performance.



## *Reference*

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**Selected reference material including cost-sharing features of the Medicare program, program financing, and Medicaid Federal medical assistance percentages**

49280  
56137

## Program financing

### Medicare/source of income

Hospital Insurance trust fund:

1. Payroll taxes\*
2. Transfers from railroad retirement account
3. General revenue for
  - a. uninsured persons
  - b. military wage credits
4. Premiums from voluntary enrollees
5. Interest on investments

*Contribution rate	<u>1993</u>	<u>1994</u>	<u>1995</u>
		Percent	
Employees and employers, each	1.45	1.45	1.45
Self-employed	2.90	2.90	2.90

For Calendar year 1994 maximum taxable base was eliminated.

Supplementary Medical Insurance trust fund:

1. Premiums paid by or on behalf of enrollees
2. General revenue
3. Interest on investments

### Medicaid/financing

1. Federal contributions (ranging from 50 to 80 percent for fiscal year 1994)
2. State contributions (ranging from 20 to 50 percent for fiscal year 1994)

SOURCE: Health Care Financing Administration, Office of the Actuary: Data from the Office of Medicare and Medicaid Cost Estimates.

## Medicare deductible and coinsurance amounts

<b>Part A (effective date)</b>	<b>Amount</b>
Inpatient hospital deductible (1/1/94)	\$696/benefit period
Regular coinsurance days (1/1/94)	\$174/day for 61st thru 90th day
Lifetime reserve days (1/1/94)	\$348/day (60 nonrenewable days)
SNF coinsurance days (1/1/94)	\$87/day for 21st thru 100th day
Blood deductible	first 3 pints/benefit period
Voluntary hospital insurance premium (1/1/94)	\$245/month \$184/month if have at least 30 quarters of coverage.

### **Limitations:**

Inpatient psychiatric hospital days	190 nonrenewable days
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<b>Part B (effective date)</b>	<b>Amount</b>
Deductible (1/1/91) <sup>1</sup>	\$100 in reasonable charges/year
Blood deductible	first 3 pints/calendar year
Coinsurance <sup>1</sup>	20 percent of allowed charges
Premium (1/1/94)	\$41.10/month

### **Limitations:**

Outpatient treatment for mental illness	No limitations
Licensed physical therapist's services in home or office (1/1/91)	\$600 (80% of maximum annual program payment of \$750)

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<sup>1</sup>The Part B deductible and coinsurance applies to most services. Items and/or services not subject to either the deductible or coinsurance are clinical diagnostic lab tests subject to a fee schedule, home health services, items and services furnished in connection to obtaining a second or third opinion, influenza vaccine and its administration, and pneumococcal vaccine and its administration. In addition, Federally qualified health center services are not subject to the deductible but are subject to the coinsurance.

SOURCE: Health Care Financing Administration, Office of Legislation and Policy: Data from the Divisions of Medicare Part A and Medicare Part B Analysis.



**Geographical jurisdictions of HCFA regional offices and Federal medical assistance percentages (FMAP) fiscal year 1994**

<b>I. Boston</b>	<b>FMAP</b>	<b>II. New York</b>	<b>FMAP</b>
Connecticut	50	New Jersey	50
Maine	62	New York	50
Massachusetts	50	Puerto Rico	50
New Hampshire	50	Virgin Islands	50
Rhode Island	54	Canada	—
Vermont	60		
		<b>IV. Atlanta</b>	
<b>III. Philadelphia</b>		Alabama	71
Delaware	50	Florida	55
District of Columbia	50	Georgia	62
Maryland	50	Kentucky	71
Pennsylvania	55	Mississippi	79
Virginia	50	North Carolina	65
West Virginia	76	South Carolina	71
		Tennessee	67
<b>V. Chicago</b>		<b>VI. Dallas</b>	
Illinois	50	Arkansas	74
Indiana	63	Louisiana	73
Michigan	56	New Mexico	74
Minnesota	55	Oklahoma	70
Ohio	61	Texas	64
Wisconsin	60		
<b>VII. Kansas City</b>		<b>VIII. Denver</b>	
Iowa	63	Colorado	54
Kansas	60	Montana	71
Missouri	61	North Dakota	71
Nebraska	62	South Dakota	70
		Utah	74
<b>IX. San Francisco</b>		Wyoming	66
Arizona	66		
California	50	<b>X. Seattle</b>	
Hawaii	50	Alaska	50
Nevada	50	Idaho	71
American Samoa	50	Oregon	62
Guam	50	Washington	54
N. Mariana Islands	50		
Mexico	—		

**SOURCE:** Health Care Financing Administration, Medicaid Bureau:  
Data from the Division of Financial Management.



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Health Care Financing Administration  
Bureau of Data Management and Strategy  
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